FORM D

UNITED STATE SECURITIES AND EXCHANG Washington, D.C.

02046456

OMB APPROVAL 3235-0076 Number:

May 31, 2002 res: nated average burden

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					
	l				

Name of Offering (☐ check if	f this is an amendment and name has changed, and i	ndicate change.)		
Lyons, L.P.		RECEIVED		
Filing Under (Check box(es) that	apply): \square Rule 504 \square Rule 505 \boxtimes Rule 506	27.03		
Type of Filing: New Filing	☐ Amendment	JUN 7 9 2002		
A COMPANY OF THE STATE OF THE S	A. BASIC IDENTIFICATION DATA			
1. Enter the information requested	d about the issuer			
Name of Issuer (☐ check if th	is is an amendment and name has changed, and indicate			
Red Earth Resources, Inc.				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
15 West 6th St., Suite 2010, Tulsa, OK 74119 888-801-2613				
Address of Principal Business Or (if different from Executive Offic	perations (Number and Street, City, State, Zip Code) ces)	Telephone Number (Including Area Code)		
Brief Description of Business				
An Oil and/or Gas Recovery Program	m			
		PPOOFOOF		
Type of Business Organization		FHUCESSE		
☐ corporation	☐ limited partnership, already formed	other (please specify): JUL 2 2 2002		
☐ business trust	☑ limited partnership, to be formed	JOE 2 5 5005		
	Month Year	THOMSON		
Actual or Estimated Date of Inco	corporation or Organization:	☐ Actual ☐ Estimated FINANCIAL		
	Organization: (Enter two-letter U.S. Postal Service ab	obreviation for State:		
1	CN for Canada: FN for other foreign	i II i		

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and man	naging partner o	f partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Morrisett, Jim					
Business or Residence Addre	ess (Number a	nd Street, City, State, Z	Zip Code)		
15 West 6th St., Suite 2010, Tu	ılsa, OK 74119				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number a	nd Street, City, State, Z	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)		-		
Business or Residence Addre	ss (Number a	nd Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addres	ss (Number a	nd Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number a	nd Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number a	nd Street, City, State, Z	Cip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number a	nd Street, City, State, Z	Cip Code)		
, A. G.	Use blank sheet	t, or copy and use additi	onal copies of this sheet	, as necessary.)	

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